ForwardHealth Provider Portal DDE User Guide for Compound and Noncompound Drug Claims

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1 Submitting Compound and Noncompound Claims

Providers may use the ForwardHealth Portal to submit compound and noncompound claims directly to ForwardHealth using Direct Data Entry (DDE). Direct Data Entry is an online application that allows providers to submit claims for drugs and diabetic supplies directly to ForwardHealth.

Direct Data Entry allows providers to conveniently perform the following functions:

- Submit compound and noncompound claims electronically.
- Submit adjustment requests for claims that are in "pay" status using the "adjust" button.
- Correct errors on claims submitted to ForwardHealth and resubmit them.
- Copy a previously submitted claim, alter it to reflect the new data, and resubmit it as a new claim.
- Search for and view status of all claims submitted to ForwardHealth.
- Reverse claims as a way to return overpayments to ForwardHealth.

Compound and noncompound claims can be submitted using the Compound\Noncompound Claim form available on the Portal **Claims** page.

1.1 Access the Claims Page

1. Access the ForwardHealth Portal at https://www.forwardhealth.wi.gov/
2. From the Portal home page, click **Login**.
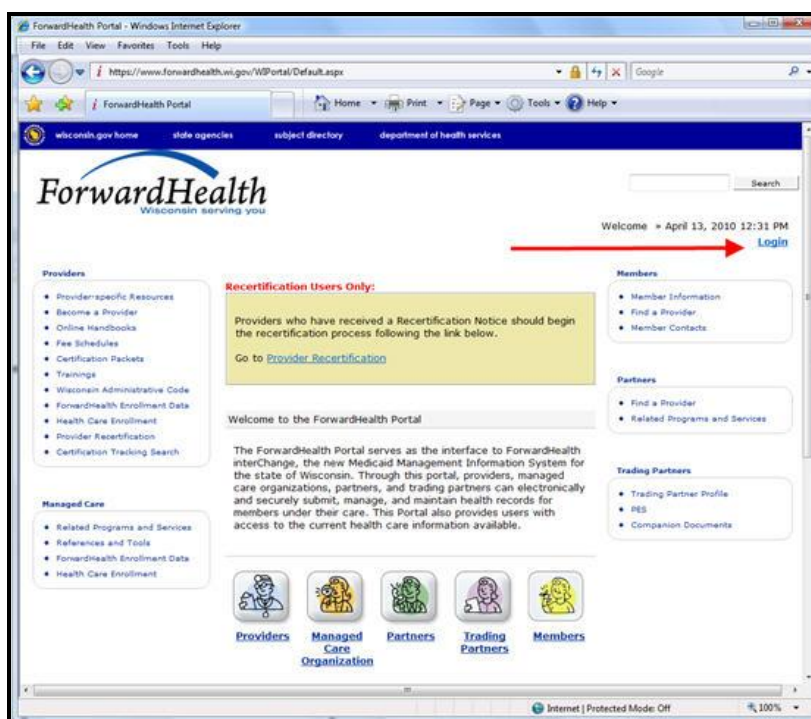
ForwardHealth Home Page

The **ForwardHealth Portal Login** box is displayed.

Note: The login box can also be accessed by clicking the **Provider** button on the ForwardHealth home page.

3. Enter your username in the **Username** field.

4. Enter your password in the **Password** field.

5. Click **Go!**

The secure Provider Portal home page is displayed.

Secure Provider Portal Home Page

6. Click **Claims** on the main menu at the top of the page.

The Claims page is displayed.

Claims Page

All claims processing options are available from this page.

2 Submit a Compound/Noncompound Claim

To submit a Compound/Noncompound Claim:

1. In the **What would you like to do?** section of the Claims page, click **Submit Compound/Noncompound Claim**.

    The **Compound/Noncompound Claim** form is displayed.

Compound/Noncompound Claim Form

This form is similar to the page that is displayed for an existing claim, except that the fields are blank with the exception of the **Provider ID** field, which is auto-populated.

Note: All fields that contain an asterisk (*) are mandatory fields.

2.1 Compound/Noncompound Claim Panel

The **Compound/Noncompound Claims** panel is used to enter the header information for a claim.

2. Enter information in the Compound/Noncompound Claim Panel at the top of the page.

Compound/Noncompound Claim Panel

Required fields are indicated with an asterisk (*).

Compound/Noncompound Claim Panel — Billing Information

In the Billing Information section at the top of the form, information cannot be entered in the **ICN** field. An Internal Control Number (ICN) will be automatically assigned when the claim is submitted. The **Provider ID** field will be auto-populated with the Provider ID the user is logged in with.

3. **Member ID** — Enter the member ID. Do not enter any other numbers or letters.

Note: After entering the Member ID, click anywhere on the gray area of the panel and the Last Name, First Name, MI, and Date of Birth fields will auto-populate.

4. **Prescriber ID —** Enter the NPI of the provider who prescribed the drug or product covered by this claim.

5. **Other Coverage Code** - Use the drop down list to select the coverage code describing any other insurance claim involved in this prescription. ForwardHealth is usually the payer of last resort for program-covered services. (Refer to the ForwardHealth Online Handbook for more information.) Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

6. **Patient Location —** Use the drop-down menu to enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each drug billed.

7. **Sub Clar Code** — Use the drop-down menu to select the National Council for Prescription Drug Programs (NCPDP) Submission Clarification Code.

Note: An "8" must be submitted on all compound claims. This field is not used for WCDP claims.

8. **Unit Dose —** Enter a unit dose value for unit dose and non-unit dose drugs.

9. **Copay Exempt —** Select **4** to indicate that the claim **is exempt** from copayment. The value of 4 will not exempt SeniorCare or WCDP members from copayment requirements.

Compound Claim Information:

When submitting compound claims to ForwardHealth, three fields are required to contain information to ensure that the claim is processed as a compound drug claim. Indicate the following information in these fields:

- Select **Compound** in the **Claim Type** field in the Prescription Information section of the Claim panel.

- Indicate an "**8**" in the **Sub Clar Code** field in the Billing Information section of the Claim panel.

- Indicate a Level of Effort code in the **Level of Effort** field on the DUR panel.

Compound/Noncompound Claim Panel — Prescription Information

Compound/Noncompound Claim Form-Right Column

10. **Claim Type — Noncompound** is the default value. For Compound claims for medication containing at least two ingredients use the drop-down menu to select **Compound**.

    If the financial payer of the user is WCDP, selecting Compound will cause the form to become disabled.

11. **Prescription Number** — Enter the prescription number.

12. **Date Dispensed —** Enter the date the prescription was filled or refilled. When billing unit dose services, the last date of service in the billing period must be entered.

13. **Date Prescribed —** Enter the date shown on the prescription in MM/DD/CCYY format.

14. **Refills —** Enter the number of refills allowed for the prescription billed.

15. **Days Supply —** Enter the number of days the medication has been prescribed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

16. **Dispensed as Written Code** — Use the drop-down menu to select the appropriate NCPDP Dispensed as Written (DAW) code.

17. **Charges** — Enter the total charge for the claim.

18. **Other Coverage Amount —** Enter the amount paid by commercial health insurance, if applicable. Providers may also include the Medicare-paid amount in this field for claims that fail to automatically crossover from Medicare to ForwardHealth within 30 days.

19. **Patient Paid —** When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to other coverage, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment from Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

Dispensing Fee and **Total Payable Amount** will be automatically calculated after submission.

2.2 Diagnosis Panel

20. Click the **Diagnosis** link at the bottom of the Compound/Noncompound Claim panel.

The Diagnosis panel will expand.

Diagnosis Panel

21. Click **Add**.

A row will be added to the top of the panel and the fields will become active to allow information to be entered.

22. **Diagnosis** — Enter a diagnosis code from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) coding structure. Refer to the Pharmacy page of the ForwardHealth Online Handbook for more information about covered services and reimbursement.

Enter the diagnosis code without the decimal point. For example, for ICD-9-CM Diagnosis Code 041.00, the number 04100 should be entered. This field is required when billing for any drug within the compound in which ForwardHealth requires a diagnosis.

If you do not know the code and need to search for it:

a.   Click the **Search** link to the right of the field.

The **Diagnosis Search** panel will be displayed.

Diagnosis Search Panel

b. Click the row for the diagnosis code that applies to the claim.

The Diagnosis Search panel will close and the diagnosis code will be added to the panel.

Up to five diagnosis codes can be entered for a claim.

Note: A partial description may be entered as long as the first word of the description is used.

To add more diagnosis codes to the claim, click the **Add** button and enter the necessary information for each diagnosis to be added. Providers may enter up to five diagnosis codes per claim. Once five diagnosis codes have been entered, the **Add** button will be disabled until a previously added detail is deleted.

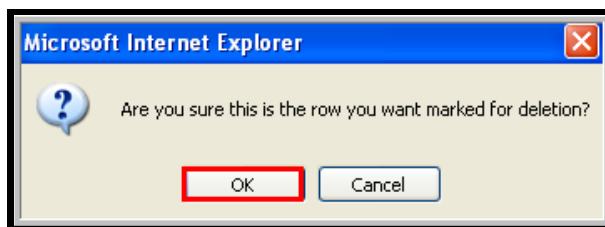The **Delete** button can be used to delete a line item after selecting it from the top of the panel.

To delete a line from the **Diagnosis** list:

a. At the top of the panel, click the row with the diagnosis code you wish to delete.

b. Click **Delete** to remove it.

The following error message will be displayed:

c. Click **OK** to remove the selected line.

2.3 Detail Panel

Compound claims **require** at least **two** details and may have up to 25. Noncompound claims contain one detail. Once the limit is reached, the Add button will be disabled and no other details can be added.

Detail Section

The **Line Number** field is auto-populated with the number of the detail currently being added.

23. Enter the National Drug Code for the dispensed drug in the **NDC**.

If you don't know the number, click the **Search** link next to the field.

The **NDC** search panel will be displayed.

a. Enter a whole or partial label name of the drug into the Label Name field.

b. Click **Search**.

The results of the search will be displayed in the Search Results panel.

c. Click the row containing the specific drug.

The NDC panel will close and the NDC field on the Detail panel will be populated with the code for the selected drug.

24. In the **Quantity Dispensed** field of the Detail panel, enter the metric decimal quantity reflecting the total number of compound units dispensed.

25. Enter the charges for this detail in the **U&C** (Usual and Customary) field.

To add more details for a compound claim, click the **Add** button and enter the necessary information for each detail to be added. Providers may enter up to 25 detail lines per compound claim. Once 25 details have been entered, the **Add** button will be disabled until a previously added detail is deleted.

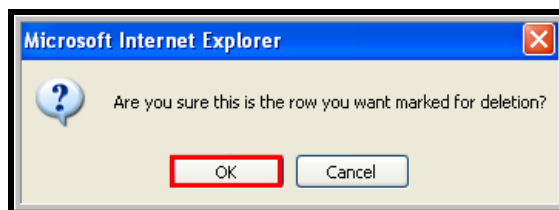The **Delete** button can be used to delete a detail after selecting it from the top of the panel.

To delete a line from the list of details:

a. At the top of the panel, click the row with the detail you wish to delete.

b. Click **Delete** to remove it.

The following error message will be displayed:

c. Click **OK** to remove the selected line.

2.4 DUR Panel

A Noncompound claim can have up to two DUR sequences. A Compound claim may only have one DUR sequence.

To add a DUR segment to the claim:

26. Click the **Add** button on the DUR panel.

A row will be added to the top of the panel and the fields will become active to allow information to be entered. The **DUR Sequence** field will auto-populate with the number **1**, or the subsequent number for each DUR Sequence added.

For every sequence that is added, information is required in all the fields except Level of Effort.

Note: All the fields on this panel have search boxes that allow you to search for the specific National Council for Prescription Drug Programs (NCPDP) values to enter. Clicking on the Search link will display a panel that allows you to enter a description on which to search. To search for a listing of all the available codes and their descriptions, leave the fields blank and click **Search**.

27. **Professional Service Code** — Enter the NCPDP code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.

28. **Level of Effort** — Enter the NCPDP code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.

29. **Reason for Service Code —** Enter the NCPDP code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.

30. **Result of Service Code —** Enter the NCPDP code reflecting the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service

The **Delete** button can be used to delete a line item after selecting it from the top of the panel.

To delete a DUR sequence:

a. At the top of the panel, click the row with the DUR sequence you wish to delete.

b. Click **Delete** to remove it.

The following error message will be displayed:
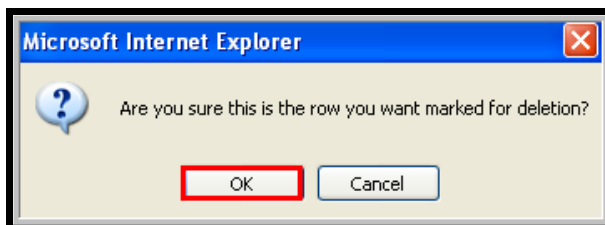
c. Click **OK** to remove the selected line.

2.5 Submitting the Claim

Claim Status Information Panel

31. Check that all required fields are populated on the panels in which information has been entered.

32. To submit the claim for processing, click **Submit** on the **Claim Status Information** panel.

- If there is a problem and the claim does not process, an ICN will not be assigned. An error message will be displayed at the top of the panel indicating what needs to be corrected and the relevant fields will be highlighted in yellow.

- If the claim processes, an ICN will be assigned and the claim status will be displayed. A new panel, **EOB Information**, will also be displayed explaining how the claim was processed by ForwardHealth.

Note: There is no 'Save' feature on any of the Claims Submission pages. If the claim is not submitted successfully and assigned an ICN, all information will be lost.

3 Claims Search

1. In the **What would you like to do?** section of the Claims page, click **Claim search**.
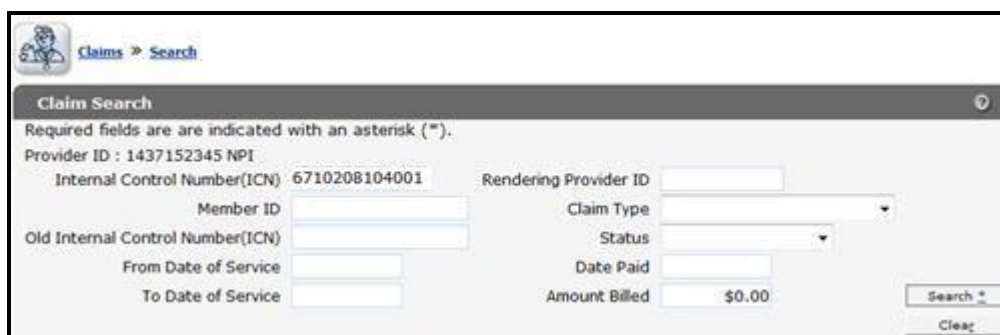
   The **Claim Search** panel will be displayed.

Claim Search Panel

There are no required fields on the Claims Search panel, but at least one field must be populated in order to conduct a search.

3.1 Search by ICN

The most direct method of searching for a claim is by Internal Control Number (ICN).

2. From the **Claims Search** page, enter a valid ICN in the **ICN** field.

Claim Search Panel Using an ICN

3. Click **Search**.

   Since a specific ICN was entered, the claim related to that ICN will be displayed.

Compound/Noncompound Claim Page

3.2 Other Searches

A search by any other field in the claims search panel may return one claim, as shown above, or multiple claims. You can search by any single field in the Claims Search panel. For example, if you wanted to review all your pharmacy claims, you can use the drop-down list in the **Claim Type** field to select **P - Pharmacy Claims** and clicking search. That would return all of those claims. The Claim Type can be paired with **Dates of Service** to view all claims for a specific period of time.

Other useful searches include searching by a member's name or Member ID. The following shows the results of a search by **Member ID**.

Note: It is usually best to start with a broad search with only one or two parameters and then add other parameters if it is necessary to narrow your search results.

1. In the **Claim Search** panel, enter a member's ForwardHealth ID in the **Member ID** field.

2. Click **Search**.

- If only one result is returned, the claim will be displayed as in the example above of searching by ICN.

- If more than one claim is found, all claims that match the search criteria will be displayed in the **Search Results** panel.

Search Results Panel

3.3 Sorting the Search Results

The search results can be sorted by column by clicking on the column heading. For example, to sort the results by the From Date of Service click **From Date of Service**.

Click the column heading once to sort the results in ascending order. Click a second time to sort the results in descending order.

The **Search Results** panel will display ten records at a time. To see more claims, click **Previous**, **Next**, or one of the page numbers listed at the bottom of the panel.

Search Results Panel

3. To view a particular claim, click anywhere on the row to select it from the list.

    The selected claim will be displayed.

4 Claim Status Information

To check on a previously submitted claim,

1. Return to the **Claims** home page.

2. In the **What would you like to do?** section of the page, click **Claim Search.**

3. Follow the procedure above to search for a claim.

4. When the selected claim is displayed, scroll down to the bottom of the page.

The **Claim Status Information** and **EOB** panels will be displayed. The **Claim Status Information** panel will contain different information depending on the status of the claim.

The **EOB Information** panel will display the Explanation of Benefits (EOB) information related to the claim status. A Detail Number of '0' reflects a header EOB which pertains to the entire claim.

4.1 Claim In "Pay" Status

Claims Status Information Panel and EOB Panel for Claim in "Pay" Status

The **Paid Date** field shows the date of the financial cycle the claim was assigned to (usually a Friday) and date the payment was processed. A Paid Date of '0' (or blank Paid Date field), means the claim has not yet been processed through a financial cycle. No action is needed by the provider. A paid date will be assigned when the claim completes the financial cycle processing.

Only claims in a "Pay" status can be copied or adjusted. Either function can be performed by clicking one of the buttons on the claims entry screen which are only available when a paid claim is viewed.

When the claim is in a **Pay** status, a series of buttons will be displayed at the bottom of the EOB panel. These functions are discussed in detail elsewhere in this guide:

- **Reversal** — Used to undo a paid claim. This function can be performed on any paid claim that has not been previously adjusted or reversed.

- **Adjust** — Used to make adjustments to the claim.

Note: If a claim has been previously adjusted, the Reversal and Adjust buttons will not appear.

- **Copy Claim** — Used to copy the information on the current claim in order to submit another similar claim.

- **Cancel** — Used to cancel any changes made to the claim since the last submission. This button is only used to cancel editing made to the claim—it does not cancel the claim out of our system (see Reversal).

4.2 Claim Denied

Claims Status Information Panel and EOB Panel for Denied Claim

4.3 Claim Suspended

Claims Status Information Panel and EOB Panel for Suspended Claim

A status of Suspended means the claim is awaiting further review by ForwardHealth before a decision is made on how the claim will be adjudicated.

4.4 Adjustment Information Panel

On claims that involve an adjustment, the **Adjustment Information** panel will be displayed above the Claims Status Information panel.

- On the original claim, the panel will display the ICN of the claim that is the result of the adjustment, along with the date the adjustment was made and the claim status.

- On the claim that was the result of an adjustment, the panel will display the ICN of the original claim, along with the date the adjustment was made and the claim status.

- Clicking on the row that displays in either Adjustment Information panel will open the information page for that claim number. This allows users to switch between the claims to see how the related claim processed.

5 Resubmitting a Denied Claim

Denied claims can be re-submitted at anytime. Any claim that is in a status of "Deny" will have a re-submit button at the bottom of the panel.

To resubmit a denied claim:

1. Return to the **Claims** page and follow the procedure to <u>search for a claim</u>.

Note: If you already have the claim open, you can make your changes on the open claim.

The **Claim Status Information** and **EOB Information** panels will be displayed at the bottom of the page.

Claim Status Information Panel and EOB Information Panel

- The **Claim Status Information** panel will show the claim status (DENY), the ICN number, the date of denial and the amount, if any, that was paid.

- The **EOB Information** panel will display the Explanation of Benefits code and description regarding the claim denial.

2. Make any corrections or enter any new information in the claim panels above.

3. After the new information is entered, click **re-submit** at the bottom of the panel to resubmit the claim.

- If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.

- If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.

6 Adjusting a Claim

After reviewing both the claim and ForwardHealth remittance information, a provider may determine that a paid claim needs to be adjusted. An adjustment request can be easily submitted through the ForwardHealth Portal for a multiple of reasons including the following:

- To correct billing or processing errors.
- To correct inappropriate payments (overpayments and underpayments).
- To add and delete services.
- To supply additional information that may affect the amount of reimbursement.
- To request professional consultant review (e.g., medical, pharmacy).

Any claim that is in a status of "Pay" can be adjusted and resubmitted on the Portal regardless of how the claim was originally submitted. Each claim submission and adjustment request will be assigned a unique claim number (ICN) by ForwardHealth.

Each unique ICN can only be adjusted once. For that reason, if an additional adjustment is needed, the adjustment must be made to the second claim number that was the result of the adjustment and has a new ICN. That claim must also be in a paid status in order for it to be eligible to be adjusted again.
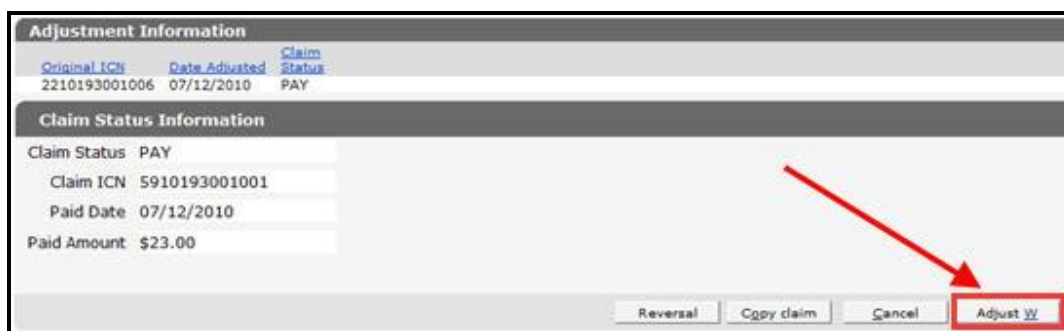
Note: For both adjustments and reversals, the submission buttons will not be present on a claim which cannot be adjusted. A previously adjusted ICN will not have the **Reversal** or **Adjust** buttons present on the claim panel.

To adjust a claim:

1. Return to the **Claims** page and follow the procedure to search for a claim.

Note: If you already have the claim open, you can make your changes on the open claim.

2. When the selected claim is displayed, make the desired changes on the claim form.

3. Scroll to the bottom of the claim's panel.

Adjust Claim Button

4. Click the **Adjust** button to submit the adjustments.

   A new ICN will be assigned to the claim, along with the claim response (paid, denied, suspended), paid amount and Explanation of Benefits information.

- If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.

- If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.

7 Reversing a Claim

Providers may reverse claims on the ForwardHealth Portal. A reversal is a request to recoup funds for a claim that has already been paid. Once a claim is reversed, it cannot be adjusted.
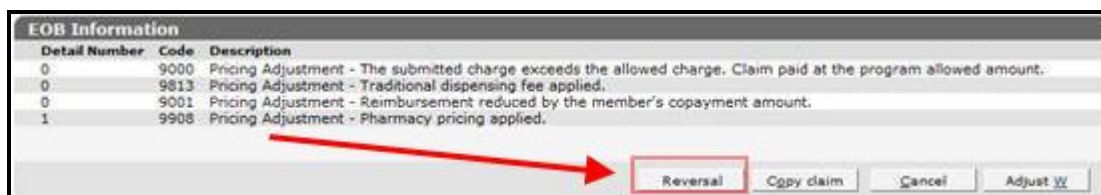
Reversals can be performed on any paid claim with an ICN that has not been previously adjusted or reversed.

To reverse a claim:

1. Return to the **Claims** page and follow the procedure to search for a claim.

Note: If you already have the claim open, you can make your changes on the open claim.

2. Scroll to the bottom of the claim's panel.

Reverse Claim Button

Note: The **Reversal** or **Adjust** buttons will not be present on a claim which cannot be adjusted.

3. Click the **Reversal** button.

    The EOB panel will disappear and the Claim Status Information will show a status of Deny.

8 Copying a Claim

Claims may be copied if they are in a status of **Pay**.

To copy a claim,

1. Return to the **Claims** page and follow the procedure to <u>search for a claim</u>.

Note: If you already have the claim open, you can make your changes on the open claim.

2. When the selected claim is displayed, scroll to the bottom of the Claim panel.

Copy Claim Button

3. Click the **Copy claim** button.

   All of the information on the claim will be copied over to a new claim form with a blank ICN.

4. Make any desired changes to the claim form, and click **Submit**.

   The claim will be submitted as a new claim.

   • If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.

   • If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.